OVERSEAS TOUR EXTENSION INCENTIVE PROGRAM MONTHLY REPORT For use of this form, see AR 614-30; the proponent agency is DCS, G-1.								REQUIREMENT CONTROL NUMBER CSGPA 1584-R1		
FROM				TO Commander, AHRC ATTN: KNOX-HRC-PLP 1600 Spearhead Division Ave Fort Knox, Kentucky 40122						
1. * MOSC	2. NAME	4. DATE APPLIED FOR FSTE/OTEIP (YYYYMMDD)	5. DATE DISAPPROVED (YYYYMMDD)	6. DATE APPROVED (YYYYMMDD)	7. ORIGINAL DEROS (YYYYMMDD)	8. APPROVED DEROS (YYYYMMDD)	9. NO. OF MONTHS APPROVED	10. **INCENTIVE NUMBER	11. *** TOUR CATEGORY	
** Enter the appre	│ OSC (include SQI, ASI and LIC, if applicable, i.e opriate incentive option number 1= Special Pay &R and government travel for the soldier; 4= \$2	/ \$80 per month; 2= 30		1:	= Short Tour (ts); II = Short	r Tour (all other Tour (all other		
TYPED NAME, TITLE AND GRADE					SIGNATURE				DATE (YYYYMMDD)	